



### 3. Children in Public Care

Is your child Looked After by a local authority?

Yes  No

Was your child previously looked after but was then adopted or became subject to a child arrangement order or special guardianship order?

Yes  No

### 4. Background Information

Does your child have a statement of Special Educational Needs or Education, Health and Care Plan?

Yes  No

If **YES**, do not complete this form please contact the Special Educational Needs Team on 020 7361 3311.

Has your child been permanently excluded from a previous school?

Yes  No

If **YES**, please provide details in the additional information box part 8 including name of school, dates of exclusion and reason for exclusion.

### 5. Educational History

Is your child presently attending school?

Yes  No

#### If YES:

Please provide details of your child's current school

School name

School address

Postcode

Start date

D	D	M	M	Y	Y	Y	Y
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#### If NO:

Please confirm the details of last school attended and state reason your child is out of school (include details of overseas school if applicable)

School name

School address

Postcode

Start date

D	D	M	M	Y	Y	Y	Y
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Leaving date

D	D	M	M	Y	Y	Y	Y
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Reason for leaving

## 6. School Preferences

Please name up to 6 school preferences from the schools participating in the locally co-ordinated admissions scheme listed on pages 2-4 of the guidance notes. The schools on the list marked with an asterisk \* will also require an additional supplementary information form to be returned directly to the school.

### 1st preference school

Name and address of school:

Local authority:

Brother or sister attending the school

Name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Please  tick:

Boy  Girl

Reason for application:

### 4th preference school

Name and address of school:

Local authority:

Brother or sister attending the school

Name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Please  tick:

Boy  Girl

Reason for application:

### 2nd preference school

Name and address of school:

Local authority:

Brother or sister attending the school

Name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Please  tick:

Boy  Girl

Reason for application:

### 5th preference school

Name and address of school:

Local authority:

Brother or sister attending the school

Name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Please  tick:

Boy  Girl

Reason for application:

### 3rd preference school

Name and address of school:

Local authority:

Brother or sister attending the school

Name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Please  tick:

Boy  Girl

Reason for application:

### 6th preference school

Name and address of school:

Local authority:

Brother or sister attending the school

Name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Please  tick:

Boy  Girl

Reason for application:

Form continues on page 4

## 7. Child who has entered or re-entered the UK within the last 6 months

Child's date of entry to the UK

D	D	M	M	Y	Y	Y	Y
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Anticipated length of stay

Child's country of origin

Will your child require English language support?

Yes  No

## 8. Fair Access Admissions

If it is not possible to secure a school place within a reasonable time of registering an in-year application your case may be referred for a placement in accordance with Fair Access arrangements. Further information can be found on page 1 of the guidance notes. If it is necessary to make a referral, the Fair Access Panel will need as much information as possible to make an informed decision. Add any supporting notes in the Additional Information box below. **Please tick if your child:**

- |                                                                                                                                                                      |                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Is new to the area with a high level of need including special education needs, disabilities, or medical conditions and without an EHC plan | <input type="checkbox"/> Has had significant attendance problems                                  |
| <input type="checkbox"/> Returning from a Pupil Referral Unit who needs to be integrated into mainstream education                                                   | <input type="checkbox"/> Other hard to place pupils (as determined by the School Admissions Team) |

## 9. Additional Information – including any medical or social needs

Please use this space to state reason(s) for applying for a school place in year. If your child has special needs or requirements that the school would need to be aware of please detail below and attach additional evidence if appropriate.

## 10. Declaration

- I wish to apply for a place at each of the schools named in part 6, and I have listed these schools in my order of preference.
- I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this application invalid, or lead to the offer of a place being withdrawn. I understand that other council services may be consulted in this connection.

For Data Protection please see the information box on page 1 of the guidance notes.

Parent's/Carer's Signature

Date:

D	D	M	M	Y	Y	Y	Y
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